FIRST AID *for* BIPOLAR DISORDER

DANIEL TORRIDON

FIRST AID
for
BIPOLAR DISORDER

FIRST EDITION

Copyright © 2023 Daniel Torridon

All rights reserved

Published in Australia

ISBN 9798394741630

Without limiting the rights under copyright reserved above, no part of this publication may be reproduced, stored in or introduced into a retrieval system, or transmitted, in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior permission of the copyright owner.

DISCLAIMER: Although every effort has been made to ensure that the information in this book is correct, the author does not assume and hereby disclaims any liability to any party for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. This book is not intended as a substitute for the medical advice of physicians. The reader should regularly consult a physician in matters relating to their health and particularly with respect to any symptoms that may require diagnosis or medical attention.

DANIEL TORRIDON

FIRST AID
for
BIPOLAR DISORDER

CONTENTS

	Page
Introduction	1
What is Bipolar Disorder?	3
Bipolar Type I	4
Bipolar Type II	5
Cyclothymia	6
Hypomania	7
Mania	15
Depression	17
Mixed State	23
Rapid Cycling	25
When to Seek Medical Help	26
Famous People With Bipolar	28
Patient's Details	29
Patient's Medication	30

Introduction

This little book is designed to help people who have a friend or family member with Bipolar Disorder.

It has been written by someone who has lived with Bipolar for many years and understands the highs and lows of this serious illness.

This book will help you to identify when a person is having a Bipolar episode, whether that be depression, hypomania, or full-blown mania, and help you to help them.

What is Bipolar Disorder?

Bipolar Disorder used to be called “Manic Depression”.

However, this terminology did not accurately describe the many and varied signs and symptoms experienced by those with this serious illness.

For example, while every person with Bipolar will suffer from periods of severe depression, not all will experience manic episodes.

There are different types of Bipolar Disorder as this book will explain.

Bipolar Type I

Bipolar Type I is a condition in which the person's mood alternates between extremely deep, extended periods of depression, and periods of mania or psychosis.

People with Bipolar Type I are at risk of self-harming or committing suicide, especially during depressive phases.

They may also act in ways that threaten or cause harm to themselves or others during manic or psychotic episodes.

Bipolar Type II

People with Bipolar Type II experience the same deep depressions as those with Type I, but their “high” periods are less extreme.

Instead of mania, those with Bipolar Type II experience what is called hypomania (literally “under” or “less than” full-blown mania) and do not experience psychotic episodes.

Nevertheless, there is still a high risk of suicide due to depression, or from frustration caused by alternating, uncontrollable moods.

Cyclothymia

Cyclothymia is a relatively mild mood disorder when compared with Bipolar Types I or II.

A person with Cyclothymia experiences brief periods of hypomania alternating with brief periods of depressive symptoms.

These episodes are not as extensive or as long-lasting as full hypomania or full depression.

Hypomania

Causes and triggers

- An imbalance in naturally occurring brain chemicals called neurotransmitters.
- Traumatic experiences such as child abuse, bullying, or the loss of a loved one.

- Being reminded of, or reliving, past traumatic experiences.
- Stressful situations that cause anxiety or fear.

- Confrontation, especially if it is in public.
- Criticism, especially when it is unfair or unsolicited.
- Being treated unfairly or unjustly.
- Seeing someone else being treated unfairly or unjustly, or perceiving a wrong that needs to be righted.

- Feeling misunderstood or being misrepresented.

- Changes in weather or season, for example from Winter to Spring.

- Stimuli such as large crowds, loud noises, bright or flashing lights etc.

- Skipping antipsychotic medication.

- Withdrawal symptoms when being weaned off antipsychotic medication.

Symptoms – how the person feels

- “High”, full of energy, potentially very happy, even euphoric, but not necessarily. A person might just feel “on edge" or very sensitive.

- Anxious, agitated, and susceptible to outside stimuli.

- Irritable—other people don't understand or are too slow to keep up.

- Unable to concentrate, may feel the need to multitask.
- Physical pressure in the head.
- Racing thoughts, unable to control thoughts or speech.

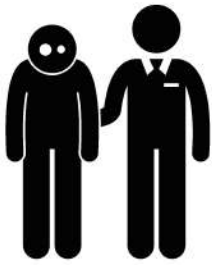
- Obligated to right wrongs or perceived wrongs.
- Unable to rest or sleep, sometimes for several days at a time, which in turn causes fatigue and increases susceptibility to other triggers.

Signs – how the person is acting

- Overly excited, perhaps unusually happy or “on edge”.
- Speaking too quickly, words running away.
- Disagreeable, argumentative.

- Appears to be confident and opinionated, but is actually feeling very vulnerable.
- Saying things that are out of character or controversial.

Treatment



- Remain nearby the person. Do not leave them alone. At least one carer should remain with the person to ensure their safety.

- Do not try to correct the person or tell them they are wrong. Their brain may be interpreting the world differently from you, but telling them they are wrong will only act as a stimulus which will exacerbate the hypomania.

- *Any* person will naturally try to defend their opinions when another person disagrees with them or tells them they are wrong. During a hypomanic episode, this will be amplified. The person will get into a defensive “loop” and will be unable to break the cycle without help.

- Do not engage in debates or arguments with the person. This will only act as a further stimulus and escalate the hypomanic episode. However, do not walk away from them as this will appear that you have given up on them.

- Read between the lines. Try to find things that you can agree with. Not everything a person says during a hypomanic episode is wrong. It may be that what the person is saying is correct, but they may simply be expressing it in a forceful or aggressive manner.

- Maintain the person's dignity. They may find themselves in embarrassing situations. If you can't relocate the person, remove bystanders. The fewer people involved, the better.

- Do not tell the person to "snap out of it". This will only exacerbate the hypomanic episode. It is not possible to simply snap out of their current, elevated mood. They may require medication to bring their altered brain state back into alignment.

- Relocate the person to a quiet place, away from crowds, loud or irritating noises, bright lights, and other physical or mental stimuli. If you are unable to move the person, see if you can remove the stimuli itself. Create a calm, safe environment for them. For example, ask crowds to move away, turn down noisy music or televisions, dim the lights or close the curtains.

- Speak to the person in a calm and respectful manner. Try not to patronise them. They may be fully aware that they are experiencing a hypomanic episode but simply be unable to control it. This can be scary and embarrassing for the person having the episode.

- Do not express to the person that you feel hurt or upset with them. This will only isolate them and turn you into an adversary rather than a caring friend.

- Reassure the person that you care about them and respect their thoughts and feelings.

- Explain that you think they might be in a hypomanic state and that you are there to help them if they need you. Do not force your assistance on them, just be there. In between their racing thoughts, the person may realise they need help and ask for your assistance.

- Encourage the person to take their antipsychotic medication and to rest, away from further stimuli. Alternatively, allow them to exercise and “work it off".

- Some hypomanic patients go into a highly creative mode, painting, drawing, writing, composing music and so forth. As long as they are not endangering or embarrassing

themselves or others, allow them time and space to work it out of their system.

- Discourage them from making any important or permanent decisions they might regret when they are feeling better. This may include starting or ending relationships, taking on or pulling out of commitments, or spending large sums of money that they are unable to afford.

- Do not give the person caffeine or alcohol, or anything sugary that might heighten their elevated mood further still.

- Encourage them to breathe slowly and deeply: 3 breaths in through the nose, 5 breaths out through the mouth. Repeat until feeling calm.

- Repeat yourself. The person may be trapped in their internal thought patterns and unaware of what is happening around them. You may need to repeat suggestions or instructions several times since their internal brain state may not initially register what's happening on the "outside".

- After the hypomania has subsided, ask them how they are feeling. Do not insist that they apologise for things they have said or done during their hypomanic episode. They were not

in control of their thinking, speech, or actions and are not responsible. Reminding them of things they said or did while hypomanic will only cause embarrassment and feelings of guilt, and possibly trigger another episode of hypomania or depression.

- Allow the person time to recover. After taking medication to halt the hypomania, the person may feel tired or sluggish for several days. Their mood may become depressed after realising they may have said or done things out of character during a hypomanic episode.

- Continue to reassure them. Help them to see that you genuinely care for them and that they are valued. Let them know that their hypomanic episode has not changed your positive view of them.

- Continue to monitor them. After a hypomanic phase, there is an increased risk they will go into a long period of depression. The risk of suicide will be at its highest during this depressive phase.

Mania

Causes and triggers

The causes and triggers of mania are the same as those of hypomania.

Signs and symptoms

The signs and symptoms of someone having a manic episode are more severe than someone experiencing hypomania.

A person having a manic episode may display one or more of the following signs and symptoms.

- Grandiose thoughts, for example, believing they are the Messiah or that they have what it takes to rule the world.

- Delusional thoughts such as believing they can fly or walk on water.

- Paranoia—thinking they've been abducted by aliens or are being attacked by evil spirits.

- Hallucinations—seeing or hearing things that are not there.

- No concept of consequences. For example, they may run naked down a busy high street or engage in criminal or promiscuous conduct without any regard to what the after-effects might be.

- A full-blown, psychotic break with reality.

Treatment

Treatment is the same as for hypomania, but be ready to call for medical assistance if the person is showing signs of psychosis, or if they pose a real danger to themselves or others.

Depression

Causes and triggers

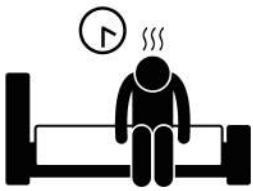
- An imbalance in naturally occurring brain chemicals called neurotransmitters.
- Traumatic experiences such as child abuse, bullying, or the loss of a loved one.
- Being reminded of, or reliving, past traumatic experiences.

- Dull or overcast days, changes in weather or seasons, for example from Summer to Autumn.
- Lack of exercise or poor diet, especially processed foods.
- Seeing others succeed where they have—or feel they have—failed.
- Skipping antidepressant medication.

- Withdrawal symptoms when being weaned off antidepressant medication.

- Often follows a hypomanic or manic episode.

Symptoms – how the person feels



- "Low", lacking energy, similar to those with ME or Chronic Fatigue.

- No desire to do things they would usually find enjoyable.

- Feeling unneeded, unwanted, unloved, or unlovable.

- Sad—wanting to cry but perhaps feeling unable to.

- Deep feelings of guilt over actual or perceived mistakes.

- Extreme sensitivity to criticism.

- Slow and sluggish—the world seems to be moving too fast.

- Physical pressure in their head.

- Unable to express their feelings fluently.

- Lack of worth, thinking that others would be better off without them.

- Self-loathing, feeling disappointed or disgusted with themselves.

- Recurrent thoughts of death or suicide. Up to 50% of people with Bipolar Disorder attempt suicide at least once.

Signs – how the person is acting

- Sad, low mood, negative outlook.

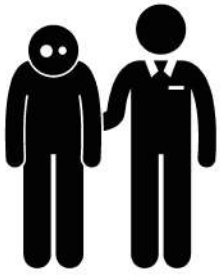
- Doesn't want to engage in things they usually find enjoyable.

- Withdrawing from people, isolating themself.

- Speaking slowly, sluggish or slurred speech.

- Lacking confidence.
- Hypersomnia—sleeping for extended periods of time.
- Expressing feelings of worthlessness or guilt.
- Talking about death or suicide.
- Attempting to commit suicide.

Treatment



- Remain nearby the person. Do not leave them alone. At least one carer should remain with the person to ensure their safety.
- If they wish to talk, let them.
- Do not judge or make them feel any more guilty than they may already.
- Do not express to the person that you feel hurt or upset with them. This will only make them feel guilty or make you appear to be an adversary rather than a caring friend.

- Do not tell them to “snap out of it” or suggest that if they are serious about suicide they should carry through with their plans. That might be just the trigger that causes them to kill themselves!

- Reassure them that you care about them and respect their thoughts and feelings.

- Be patient. Do not rush them. Allow them time to respond to instructions or suggestions.

- Encourage the person to take their antidepressant medication and rest.

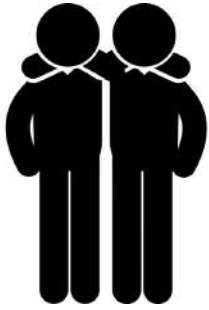
- Make them feel secure. Give them a soft blanket and a hot drink. Sit with them if they want company, but don't feel the need to engage in deep conversation unless they really want to.

- Discourage them from making any important or permanent decisions they might regret when they are feeling better. This may include ending relationships, pulling out of commitments, or spending large sums of money that they are unable to afford.

- Continue to monitor the person. Unlike hypomanic phases which are usually brief, depressive phases can last for many days, weeks, or even months. Regularly check on the person and ask them how they are feeling.

- Do not insist that they apologise for things they have said or done during their depression. They were not in control of their thinking, speech, or actions and are not responsible. Reminding them of things they said or did while depressed will only cause embarrassment and possibly trigger another episode of hypomania or depression.

- Continue to demonstrate that you genuinely care for them and that they are valued. Let them see that their illness does not change your positive view of them.



Mixed State

Mixed state is an episode that manifests the signs and symptoms of both depression and hypomania (or in the case of Bipolar Type I, depression and mania) ***at the same time***.

For example, the person may feel very depressed, yet be extremely agitated with seemingly high levels of energy. Or they may appear very confident and sure of what they are saying, but be feeling vulnerable and suicidal.

It can be very difficult for a carer to recognise a mixed state, but the following key treatment principles apply:

- Remain with the person.
- Remove outside stimuli.
- Listen carefully, and ask questions.
- Do not judge or criticise.

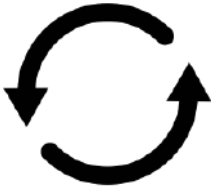
- Encourage them to take their antidepressant and antipsychotic medication.

- Allow them time and space to rest and recover.

- Do not blame them or insist that they take responsibility for their actions. During a Bipolar episode, they are not in control of their thinking, speech or actions.

- Ensure they remain safe. Stay observant for tell-tale signs of a potential suicide attempt, for example, obsessing about death, expressing feelings of guilt or worthlessness, or wanting to be completely alone.

Rapid Cycling



Rapid cycling is a pattern of frequent, distinct episodes of depression and hypomania or mania.

Although arbitrary, rapid cycling is usually diagnosed when a patient experiences four or more episodes of hypomania or mania and depression in any one-year period.

Some people have very rapid switches and in these cases, the terms ultra-rapid (days) and ultra-ultra rapid or ultradian (within a day) cycling are used.

When to Seek Medical Help

- If the person poses a danger to themselves or others.
- If they are talking about or making plans to commit suicide.
- If, against the advice of their GP, the patient has stopped taking their medication.
- If the person's low or high moods appear worse than usual.

Who you can call

- The person’s family or a close friend. They may understand the person's condition better than you and know what assistance is effective.
- Their GP. If the doctor is unavailable, ask to speak to their Secretary.
- Crisis Team. Some patients with Bipolar Disorder carry a card with the telephone number of their local Mental Health Crisis Team.

- NHS (in the UK). Dial **111**. Explain the situation. They may decide to send an Ambulance to be safe.

- Call emergency services (**999/112** in the UK) if the person poses an immediate danger to themselves or others. You may need to call for the Police as well as an Ambulance if the person needs to be restrained or is acting in an anti-social or threatening manner. Make sure you tell emergency services that the person has Bipolar Disorder since this will affect the way that they deal with the person.

Famous People With Bipolar

Being diagnosed with Bipolar doesn't mean a person is crazy, or that they can't live an extraordinary life. Many creative, accomplished people have had Bipolar Disorder. Here are just a few.

Sinead O'Connor - Singer
Catherine Zeta-Jones - Actress
Vivien Leigh - Actress
Russell Brand - Actor and Comedian
Carrie Fisher - Actress
Amy Winehouse - Singer-songwriter
Winston Churchill - British Prime Minister
Vincent Van Gogh - Artist
Virginia Woolf - Novelist
Stephen Fry - Actor, Comedian and Writer
Paul Gascoigne - Footballer
Mel Gibson - Actor and Director
Ernest Hemingway - Journalist
Spike Milligan - Comedian
Marilyn Monroe - Actress
Edgar Allan Poe - Poet and Writer
Nina Simone - Singer
Frank Sinatra - Singer and Actor
Britney Spears - Singer
Ludwig van Beethoven - Composer
Ruby Wax - Comedian

Patient's Details

Full name

_____

Date of birth

_____

Address

_____

_____

_____

_____

Next of kin

_____

GP

_____

Patient's Medication

For hypomania

_____

_____

_____

For mania

_____

_____

_____

For depression

_____

_____

_____